

CITY OF AUBURN
HAZARDOUS MATERIALS DISCLOSURE FORM
(Business License Addendum)

DATE: _____	ASSESSOR'S PARCEL # _____	PAGE ____ OF ____
BUSINESS NAME: _____		
ADDRESS: _____	CITY: _____	ZIP: _____
OWNER(S): _____		
MAILING ADDRESS: _____	CITY: _____	ZIP: _____
TYPE OF BUSINESS: _____		BUSINESS PHONE: _____
NUMBER OF BUILDINGS: _____	TOTAL BUILDING SQUARE FOOTAGE: _____	

BUSINESS REPRESENTATIVES/EMERGENCY CONTACT INFORMATION:		
NAME	TITLE	BUSINESS PHONE/NON BUSINESS PHONE

BRIEFLY DESCRIBE THE HAZARDOUS MATERIALS UTILIZED IN YOUR BUSINESS:

CHEMICAL ABSTRACT SERVICE NUMBER (CAS#)			
CAS#	CHEMICAL NAME/COMMON NAME	SOLID/LIQUID/GAS	QUANTITY

WASTE GENERATED		
TYPE	AMOUNT	METHOD OF DISPOSAL

PLEASE COMPLETE REVERSE SIDE

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BRIEFLY DESCRIBE HOW MATERIALS ARE STORED IN YOUR BUSINESS:

	YES	NO
DO YOU HAVE A HAZARDOUS MATERIALS RESPONSE PLAN FOR YOUR BUSINESS?		
ARE YOUR EMPLOYEES TRAINED IN THE USE AND HANDLING OF HAZARDOUS MATERIALS?		
DO YOU HAVE THE RESOURCES, PERSONNEL, AND PROCEDURES, TO MITIGATE AN ON SITE RELEASE OF HAZARDOUS MATERIALS?		

AVERAGE NUMBER OF EMPLOYEES DURING BUSINESS HOURS:_____
HOURS OF OPERATION:_____

ADDITIONAL INFORMATION REGARDING HAZARDOUS MATERIALS UTILIZED IN YOUR BUSINESS:

PROVIDE WITH THIS DISCLOSURE FORM THE FOLLOWING:

- **8.5" X 11" FLOOR PLAN OF ALL FACILITIES IDENTIFYING MATERIAL(S) USE AND STORAGE**
- **8.5" X 11" SITE PLAN OF FACILITY IDENTIFYING FACILITY(S) ROADWAYS, WATERWAYS, AND ACCESS**

I DECLARE UNDER PENALTY OF PERJURY, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE/TITLE

DATE

FURTHER INFORMATION MAY BE OBTAINED FROM:
AUBURN CITY FIRE DEPARTMENT
1225 LINCOLN WAY
AUBURN, CA 95603
(530) 823-4211

For Official Use Only:
[]Received by Finance
[]Received by Fire